

FORMAL COMPLAINT UNDER EEO/EDR PLAN

Filed Under the Procedures of the District of Nebraska Equal Employment Opportunity and Employment Dispute Resolution Plan ("District of Nebraska EEO/DER Plan").

Prior to completing this form, please refer to the District of Nebraska EEO/EDR Plan. Please complete this form legibly.

1. Full Name of Person Filing Complaint _____
2. Mailing Address _____

3. Home Phone (____) _____ Work Phone (____) _____
4. If you are a court employee, state the following:
Court Unit in which employed _____
Job Title _____
5. Name and address of the Employing Office against which this complaint is filed (under the terms of the District of Nebraska EEO/EDR Plan, all complaints must be filed against an "Employing Office," not an individual): _____

6. Identify the Chapter(s) of the District of Nebraska EEO/EDR Plan under which your complaint is being filed.
 - G** Chapter II - Equal Employment Opportunity & Anti-Discrimination Rights
 - G** Race
 - G** Color
 - G** Religion
 - G** Gender/Sex (includes sexual harassment)
 - G** National Origin
 - G** Age
 - G** Disability
 - G** Chapter III - Family and Medical Leave Rights
 - G** Chapter IV - Worker Adjustment and Retraining Notification Rights
 - G** Chapter V - Employment and Reemployment Rights of Members of the Uniformed Services
 - G** Chapter VI - Occupational Safety and Health Protections

G Chapter VII - Polygraph Tests

7. Date(s) of alleged violation: _____
8. Date on which counseling was requested: _____
Date on which counseling was completed: _____
Date on which mediation was requested: _____
Date on which mediation was concluded: _____
9. Name of person who served as Counselor on this matter: _____
10. Name of person who served as Mediator on this matter: _____
11. Please summarize the actions or occurrences giving rise to your complaint. Explain in what way you believe your rights under the District of Nebraska EEO/EDR Plan were violated. Identify all persons who participated in this matter or who can provide relevant information concerning your complaint. (If there is insufficient space below, you may attach additional pages.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[Please attach a copy of any documents that relate to your complaint, such as an application form, resume, letters, notices of discipline or termination, etc.]

12. What corrective action do you seek from your complaint?

13. Do you have an attorney or any other person who represents you in this matter?
G Yes G No

If yes, please provide the following information concerning that person:

Name _____

Address _____

Work Phone (____) _____ Fax (____) _____

I swear or affirm that the information provided in this complaint is true and correct to the best of my knowledge.

Signature

Date